



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

REPORT #6

RECEIVED 6/28/14 CD

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED
 By Carol Day at 2:54 pm, Jul 08, 2014

| | | |
|--|-------------------------------|---|
| DATAMASTER SN 204087 | NAME OF AGENCY MSHP | DATE OF INSPECTION 06-21-2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) ROUTE 99 MO 33 (DUI CHECKPOINT) | | TIME OF INSPECTION 2217 |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

| | |
|--|--|
| <input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) | DATE AND TIME (from printout) 06-21-14 / 2217 |
| <input checked="" type="checkbox"/> COMPUTER | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 50 °C | <input checked="" type="checkbox"/> QUARTZ STANDARD |
| <input checked="" type="checkbox"/> FLOW DETECTOR | <input checked="" type="checkbox"/> CALIBRATION |
| <input checked="" type="checkbox"/> PUMP HIGH SPEED | <input checked="" type="checkbox"/> PRINTER |

| |
|---|
| <input checked="" type="checkbox"/> INDICATOR LIGHTS |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES LOT # 13290 EXP. DATE 10-29-2015 |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 24 °C SIMULATOR SN G10464 EXP. DATE 10-17-2014 |

CALIBRATION CHECK -- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

| |
|---|
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE |

| | | |
|---|---|---|
| TEST 1 <input checked="" type="checkbox"/> .095% | TEST 2 <input checked="" type="checkbox"/> .096% | TEST 3 <input checked="" type="checkbox"/> .096% |
|---|---|---|

PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | |
|-------------------|------------------|--------------------|--------------------|--------------------|-------------------|
| REFUSALS 0 | (0-.04) 0 | (.05-.09) 0 | (.10-.14) 0 | (.15-.19) 0 | OVER .19 0 |
|-------------------|------------------|--------------------|--------------------|--------------------|-------------------|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

| | |
|---|---|
| INSPECTING OFFICER | |
| SIGNATURE Michael S. Belshe | PRINT FULL NAME MICHAEL S. BELSHE |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240151 / 04-22-2016 | TELEPHONE NUMBER 816-387-2345 |

RETURN COMPLETED REPORT TO THE: **Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Blvd.
 Poplar Bluff, MO 63901**



GUTH LABORATORIES, INC.

660 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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**PERMIT
 TYPE II**

MICHAEL S BELSHE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

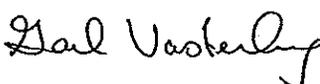
DATE 4/22/2014

NUMBER 240151

EXPIRES 4/22/2016

MO 580-0771 (6-10)


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204067
06/21/14
22:17

DIAGNOSTIC CHECK

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

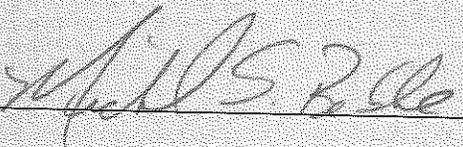
PRINTER TEST

```

"#####" ( ) + + , - , / 0 1 2 3 4 5 6 7 8 9 : ; ( = ) * @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~

```

Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204067
06/21/14

TESTING OFFICER:

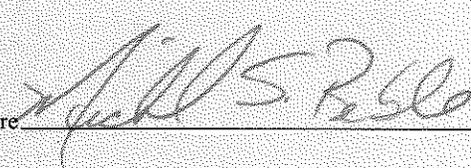
RELSHE, MICHAEL E
OFFICER I.D.# 262
PERMIT NUMBER: 240151
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:

SUPERVISOR NOTE

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 22:19 |
| INTERNAL STANDARD | VERIFIED | 22:19 |
| EXTERNAL STANDARD | .09% | 22:20 |
| BLANK TEST | .000 | 22:20 |
| EXTERNAL STANDARD | .09% | 22:21 |
| BLANK TEST | .000 | 22:21 |
| EXTERNAL STANDARD | .09% | 22:22 |
| BLANK TEST | .000 | 22:22 |

N = 3
S.D. = .1
AVG. = .0056

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204067
06-21-14

ARREST TIME: 21:30
SUBJECT NAME:
DOB: JOHN C
DOB: 01-01-69 SEX: M
STATE/D.L.: MO/1
ARRESTING OFFICER:
BELSHE/MICHAEL/3
OFFICER I.D.: 262
TESTING OFFICER:
SAME
OFFICER I.D.: 262
PERMIT NUMBER: 240151
EXPIRATION DATE: 04-22-16
MISCELLANEOUS DATA:

— BREATH ANALYSIS —

RADIO INTERFERENCE

Operator Signature

